

# KENTUCKY PROFESSIONAL COUNSELOR LICENSURE EXAMINATION REGISTRATION

National Counselor Examination for Licensure and Certification (NCE®)

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|-------------|--|
| Last name:  | <input type="text"/>   |
| First name: | <input type="text"/> MI <input type="text"/> Soc. Sec. #: <input type="text"/> - <input type="text"/> - <input type="text"/> |
| Address:    | <input type="text"/>   |
| City:       | <input type="text"/> State <input type="text"/>  |
| Zip Code:   | <input type="text"/> - <input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>                    |
| Home phone: | <input type="text"/> - <input type="text"/> Business: <input type="text"/> - <input type="text"/>                            |
| EMAIL:      | <input type="text"/>   |

| Check One                | Exam Date        | Registration Deadline | Exam Location     | Site ID |
|--------------------------|------------------|-----------------------|-------------------|---------|
| <input type="checkbox"/> | January 17, 2009 | December 5, 2008      | Louisville, KY    | 1734    |
| <input type="checkbox"/> | April 18, 2009   | March 5, 2009         | Lexington, KY     | 1711    |
| <input type="checkbox"/> | July 18, 2009    | June 5, 2009          | Louisville, KY    | 1733    |
| <input type="checkbox"/> | October 17, 2009 | September 4, 2009     | Bowling Green, KY | 1702    |

## ABOUT REGISTRATION

- The cost to register is **\$120**. This examination fee is **non-refundable/non-transferable**.
- Registration is required. Deadlines are strictly enforced.
- All exam registration materials must be received by the registration deadline (**postmarks do NOT count**).
- You will receive your admission ticket approximately two weeks prior to the exam date.
- Your admission ticket will include information regarding the date and location of the exam.
- Special testing accommodation requests must be received by NBCC, in writing, 45 days prior to the administration of the examination. See "Special Accommodations" policy, located at <http://www.nbcc.org/nce>.

**PLEASE INCLUDE WITH YOUR MATERIALS**

- Your completed registration form with **original ink signature**.
- Your **\$120** examination fee (please make check or money order payable to NBCC).
- An **official, sealed** (unopened) academic **transcript** identifying the conferral date of a Master's degree in counseling or a related field.

## WHERE TO SEND YOUR REGISTRATION MATERIALS

**NBCC**  
**PO Box 7407**  
**Greensboro, NC 27417-0407**

**WE CANNOT ACCEPT FAXED REGISTRATION FORMS OR TRANSCRIPTS.**

**QUESTIONS ABOUT THE EXAM ADMINISTRATION?** Tel: 336-547-0607; E-mail: [nbcc@nbcc.org](mailto:nbcc@nbcc.org); Website: [www.nbcc.org](http://www.nbcc.org).  
Street Address: NBCC Assessment Department, 3 Terrace Way, Greensboro, NC 27403

Have you previously taken the NCE with the National Board for Certified Counselors? Yes ☐ No ☐

If yes, on which date? 



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Month                  Day                  Year

*I understand and agree to the following: that I am taking the NCE as part of the Kentucky state licensing requirements; and approval to take the NCE or the receipt of a passing score does not demonstrate that Kentucky state licensure or NBCC certification requirements have been satisfied. I authorize NBCC to provide the Kentucky Board of Certification for Professional Counselors with examination results. I understand that I am not eligible for Kentucky Certification until passing the NCE and completing all other certification requirements pursuant to KRS 335.525. By signing this document, I hereby certify that the information and materials provided in this registration are true, accurate, and complete to the best of my knowledge and belief. I agree to abide by all applicable NBCC policies, procedures, and agreements concerning the NCE examination.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHARGE ORDER FORM - DO NOT DETACH**

|                   |  |                                     |   |
|-------------------|--|-------------------------------------|---|
| Credit card type: | VISA <input type="checkbox"/>  | Mastercard <input type="checkbox"/> | American Express <input type="checkbox"/> |
| Account number:   | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                      |                                     |   |
| Name on card:     | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                     |   |
| Signature:        | Date:  |                                     |   |
|                   | Exp. date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>   |                                     |   |
|                   | Amt. charged: \$ <input type="text"/> <input type="text"/> <input type="text"/>  |                                     |   |